

2000 NIIW KIT EVALUATION FORM

The staff at the Centers for Disease Control and Prevention values your opinions about the contents of this kit. Please take a few minutes to complete and mail this evaluation form. Your comments will help us improve our public education programs.

1. Did you use any of the following materials for NIIW activities? Please indicate if you did by checking the "yes" or "no" box. Also, please indicate in the space provided how useful the materials were to you. Use a scale from **1 to 5, where 1 = not useful and 5 = very useful.**

NATIONAL
INFANT
IMMUNIZATION
WEEK

| | Yes | No | |
|---|--------------------------|--------------------------|-----|
| Factsheets for Parents | | | |
| Childhood Immunization Facts | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Immunization Topics for Partners | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| What's Your Excuse? | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 11 Reasons to Vaccinate Babies Before Age 2 | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Tips for Parents About Your Baby's Shots | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2000 Immunization Schedule | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Checklist for Child Health Care Providers | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Sample Op-Ed Articles | | | |
| Changes in the Immunization Schedule | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Chickenpox: More Serious Than You Think | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Vaccination Coverage—Still a Long Way to Go | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Sample Letter to Influential Organizations | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Sample Request for Editorial Support | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Sample Copy for Organizational Newsletters | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Reproducible Logo Artwork | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Parent/Caregiver Brochure | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Print Public Service Announcements (PSAs) | | | |
| 10 Big Reasons for Your Baby to Get Immunized | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Has Your 2-Year-Old Had Her Life-Saving Shots? | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Doesn't Every 2-Year-Old Deserve All Her Shots? | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| One Out of Every Four American Children | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

APRIL 16-22, 2000



IMMUNIZATION: OUR WORK HAS JUST BEGUN

| | Yes | No | |
|---------------------------------------|--------------------------|--------------------------|-----|
| Reminder Card and Payroll Slip | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| Activity Report | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

2. Did you use the Community Guide to conduct your activities?

☐ Yes ☐ No

Which level of activities were most appropriate for your organization

☐ Step 1 - Lay the Foundation

☐ Step 2 - Select Activities

☐ Step 3 - Work With Others

☐ Step 4 - Chart Your Success

3. What other types of materials, not included in this kit, did you use to conduct your activities?

4. What other types of materials would be helpful to you for the 2001 observance?

5. How would you best describe the target audience(s) for your immunization education program? Check all that apply.

Health Care Providers

| | | | |
|----------------------|--------------------------|----------------------------|--------------------------|
| Public health clinic | <input type="checkbox"/> | Managed care organizations | <input type="checkbox"/> |
| Private provider | <input type="checkbox"/> | Community Health Center | <input type="checkbox"/> |
| Hospitals | <input type="checkbox"/> | Other | _____ |

Parents/Caregivers

Age:

| | |
|--------------|--------------------------|
| 18 and under | <input type="checkbox"/> |
| 19-24 | <input type="checkbox"/> |
| 25-34 | <input type="checkbox"/> |
| 35-44 | <input type="checkbox"/> |
| 45 and older | <input type="checkbox"/> |

Race/ethnicity:

| | |
|-------------------------|--------------------------|
| White | <input type="checkbox"/> |
| African American | <input type="checkbox"/> |
| Asian/Pacific Islander | <input type="checkbox"/> |
| Hispanic/Latino | <input type="checkbox"/> |
| Native American/Alaskan | <input type="checkbox"/> |
| Other | _____ |

Socioeconomic Status

| | | | |
|---------------------|--------------------------|---------------------|--------------------------|
| Less than \$15,000 | <input type="checkbox"/> | \$15,000 - \$24,999 | <input type="checkbox"/> |
| \$25,000 - \$34,999 | <input type="checkbox"/> | \$35,000 - \$49,999 | <input type="checkbox"/> |
| \$50,000 or more | <input type="checkbox"/> | Other | _____ |

6. Overall, how useful was this kit to you? Please rate on a scale of 1 to 5, where **1 = not useful** and **5 = very useful**: _____
7. Have you been involved in activities for National Infant Immunization Week in previous years?
- ☐ Yes ☐ No
8. How did you obtain this kit?
- ☐ From CDC
☐ From another organization (specify)
☐ Other _____
9. Additional comments:
- _____

Name: _____
Title: _____
Organization: _____
Address: _____
County: _____
City/State/Zip: _____
Telephone: _____

APRIL 16-22, 2000

Thank you for taking the time to complete this evaluation form.

Please return this form by fax (404-639-8555)

or mail it to:

Centers for Disease Control and Prevention
Community Outreach and Planning Branch/NIIW
Immunization Services Division
National Immunization Program
1600 Clifton Road, MS E-52
Atlanta, GA 30333

EVALUATION